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ADPA Bulletin 03-07

TO: Executive Directors
Proposition 36 Contract Treatment Providers

FROM: Patrick L. Ogawa, Director
Alcohol and Drug Program Administration

SUBJECT: **TREATMENT SERVICES FOR PROPOSITION 36 PARTICIPANTS**

This is to provide you with a review of the Alcohol and Drug Program Administration (ADPA) policy for treatment, especially residential services, for Proposition 36 participants.

Background

The Substance Abuse and Crime Prevention Act of 2000, commonly known as Proposition 36, was passed by the California voters to enhance public safety by reducing drug-related crime and preserving jail space for violent offenders. Existing drug sentencing laws were amended to require that adult criminal defendants convicted of non-violent drug offenses, and eligible parolees, may be placed in drug treatment as a condition of probation or parole, instead of incarceration.

The law specifically allows for one year of drug treatment services, followed by six months of after/continuing care. Proposition 36 appropriates statewide funding of \$120 million per year. At the current time, Los Angeles County receives approximately \$30 million, and this is expected to continue through Fiscal Year 2005-2006. The funds are specifically earmarked for Proposition 36 services and must be used by the County to meet the statutory requirements for community-based drug treatment, probation supervision, court monitoring, and other related services.

Effective Treatment Services

?? **All Contracted Proposition 36 Treatment Providers Shall Comply with the *Summary of Treatment, Supervision and Continuing Care Services Matrix*.**

In order to comply with the law and provide quality treatment services with the funding provided, Los Angeles County established the *Summary of Treatment, Supervision and Continuing Care Services Matrix* (attached). Treatment services for Proposition 36 participants consist of a three-level system increasing in duration and intensity depending on the assessed severity of addiction of the participant, and **adhere to the 18-month (one year plus six months continuing care)** maximum established by the law. All Proposition 36- contracted treatment providers shall comply with these treatment standards.

?? **All Contracted Proposition 36 Treatment Providers Shall Implement Procedures for Developing, Reviewing and Modifying Treatment Plans Consistent with Accepted Best Practices.**

ADPA adheres to the principles of effective treatment, as identified by the National Institute on Drug Abuse (NIDA) as the “best practices” guiding its contracted programs and services. Proposition 36 requires that **a treatment plan be created and submitted on each participant within 30 days** of the start of treatment services. To best meet the needs of Proposition 36 as well as all participants receiving treatment services, “an individual’s treatment and services plan must be **assessed continually and modified as necessary** to ensure that the plan meets the person’s changing needs.”¹

?? **All Contracted Proposition 36 Treatment Providers Shall Implement Procedures for Discharge Planning Beginning at the Start of Treatment Services.**

When developing the treatment plan, the provider must take into consideration the participant’s overall needs for primary treatment services, supplemental services, and any special needs. Discharge planning should begin at the time the participant enters treatment, and should **focus on providing necessary services within the time limit stipulated by Proposition 36 law**. “Discharge planning begins with intake and placement and is a process that culminates in meeting minimal criteria for treatment outcome goals.”² A discharge plan document shall be in evidence in the treatment record supporting this effort. Treatment shall include a continuum of care, and participants may be transitioned from one treatment level and/or modality to another as appropriate to their

¹ *Principles of Drug Addiction Treatment – A Research-Based Guide*, Page 3, National Institute on Drug Abuse, October 1999

² *Intensive Outpatient Treatment for Alcohol and Other Drug Abuse*, Page 11, Treatment Improvement Protocol (TIP) Series #8, Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration

needs. This shall include plans for the client's ongoing support for recovery which will enable the client to sustain abstinence and a recovery-oriented lifestyle.

?? All Contracted Proposition 36 Treatment Providers Shall Implement Policies and Procedures for Ongoing Utilization Review.

Each agency is expected to establish an ongoing utilization review process. The policies and procedures shall provide for the documentation of clinical evidence to support the level of care and continued treatment. This will **allow each participant's progress to be reviewed and revisited** in terms of continuing in the current modality, potential changes in level of service, provision of supplemental services, and notification/approvals by the Court, Probation and/or Parole. All treatment services shall be considered with regard to the available time remaining as mandated by the Proposition, and how to best provide for the participant within that time. Additional consideration should be given to the reality of relapse and the participant's possible need for future treatment. As such, there may be a need to maintain some portion of their treatment benefit for future care.

Residential Treatment Services

?? Level III Residential Treatment Services shall be for no less than 30 days and no more than 180 days.

The treatment matrix stipulates that residential services for Proposition 36 shall only be allowed for participants assessed at Level III (most severe addiction) and shall be for no less than 30, or no more than 180 days. **These days are cumulative** for each grant of Probation, i.e., 25 days residential with X provider and 75 days residential with Y provider, equals 100 days of residential services toward the 180 maximum allowance. To assist providers in tracking the days, the Treatment Court and Probation eXchange (TCPX) Proposition 36 automated information system, provides each treatment agency and the Community Assessment Services Center (CASC) with a running total of treatment days (residential, outpatient, and continuing care) regardless of treatment location. Treatment providers are responsible for monitoring the number of days the participant is in residential treatment, and shall make appropriate arrangements to transition the participant to an outpatient program with court permission prior to reaching the maximum days.

?? Community Assessment Services Centers (CASCs) will assist providers in transitioning participants from residential to outpatient programs.

The CASCs will assist providers to transition participants from residential to outpatient treatment programs that will best meet the participants' needs. Again, as part of the treatment plan, the provider shall make the arrangements in advance to allow for a smooth transition of services. Transitions must be approved by the Court for all treatment level changes (modality changes can be made by the provider if the treatment level remains the same), and should be requested as part of the regular progress report, or

by a special report to the Court if necessary. The provider shall **contact the local CASC no less than 30 days prior to a participant's scheduled date for transition from a residential program.**

Payment and Utilization of Non-Proposition 36 Funds

?? Treatment providers are responsible for updating participant information in the TCPX system on a timely basis.

Treatment providers shall update participant information in the TCPX system on a regular basis. Intakes and discharges should be recorded **at the time of admission or discharge** to keep the system current and accurate. **Reimbursement claims for services are matched against TCPX**, and billings that include claims for participants in residential, outpatient, or continuing care services beyond the 180 days or 18-months (one year primary treatment plus six months continuing care), will result in denial of payment for excess services.

?? Proposition 36 participants eligible for other funding sources, may be placed in non-Proposition 36 beds.

Proposition 36 providers with residential beds available via another funding source, i.e., CalWorks, Prison Services Network (PSN), private pay, are permitted to accept a Proposition 36 participant. The TCPX system will provide a drop-down menu and the provider shall enter the accurate funding source as appropriate. **The provider shall follow the established protocols as defined in the Proposition 36 matrix for reporting, providing treatment services, and inputting data into TCPX for ALL Proposition 36 participants, regardless of the source of funding for treatment services.** In addition, providers are required to accurately and regularly enter participant data into the Los Angeles County Participant Reporting System (LACPRS) on all Proposition 36 participants regardless of the funding source. Failure to accurately report admissions on LACPRS can result in reduced funding to Los Angeles County as the State of California uses caseload data as part of the funding allocation methodology.

?? Participants requiring more than 180 days of residential treatment services, who are eligible for treatment services via another funding source (as indicated above), may be continued beyond the 180 days maximum with the Court's permission.

If a participant has maximized the 180 day residential limit, he/she may continue to receive residential treatment services if **all** of the following conditions are met:

- He/she is eligible for treatment via another funding source;
- Clinical need has been documented and supports the utilization review process;
- Immediate release from residential treatment could place the participant in jeopardy of relapse and re-arrest;

- The Court approves and orders (via a Minute Order) continued residential services based on a revised treatment and discharge plan; and
- Court approval must be obtained every 30 days beyond the 180 day maximum.

The provider is responsible for notifying the Court prior to the expiration of the maximum number of residential days and submitting a new progress report. This report shall identify that the participant is eligible for another (named) source of funding and shall include a revised treatment plan that addresses the need for continued residential treatment services and the anticipated discharge date. The provider shall obtain Court approval for continuation of residential treatment services every 30 days beyond the 180 day maximum.

Regardless of the funding source, participants may not be continued in primary treatment beyond one year and in continuing care beyond six months or a combined total of 545 days.

The time limitations (one year of treatment plus six months continuing care) are established by law and are being monitored by the State. Providing quality treatment services to Proposition 36 participants within the time constraints and with the funding appropriated by the State, will remain a challenge throughout the implementation of this program. However, ADPA is working in collaboration with the Court and criminal justice community at the local and State level to preserve the program and funding. Technical assistance is available from ADPA by calling **the Proposition 36 Helpline at (888) 742-7900**, Monday to Friday, from 8:00 a.m. to 5:00 p.m.

PLO:cml

Attachment

c: Community Assessment Services Center Directors

*SUMMARY OF TREATMENT, SUPERVISION, and CONTINUING CARE
SERVICES MATRIX
Revised JULY 2, 2002*

LEVEL I

ADMISSION CRITERIA	<p>Probation Risk Level: 0-14 * No prior violent felony or misdemeanor violent convictions</p> <p>Clinical ASI: Low Range * No Special Needs</p>
MINIMUM PROGRAM REQUIREMENTS	<p>Participation in Treatment: At least 120 days (18 weeks) <u>Actual length of time depends upon completion of Treatment Plan goals and objectives.</u> Active participation in continuing care (aftercare) for 6 mo.</p> <p>Tx Drug Tests: (18 wks @ 1/week) Random, observed All positive Drug Tests must be reported to the Court upon receipt of results</p> <p>Treatment: <u>Outpatient:</u> 18 weeks @ 3 hrs/week = 54 hours (min. 2 sessions per wk.) Combination of individual, group, education sessions</p> <p>NA/AA meetings: 36 mtgs @ 2/wk</p> <p>Probation Supervision: 36 months (Optional early termination at court's discretion)</p>
TREATMENT LEVEL ESCALATION MODIFICATION CRITERIA (Non-judicial)	<p>(3) positive Tx drug tests OR (3) missed Tx, sessions, OR (3) missed NA/AA meetings OR any combination of (3) positive test or missed sessions/meetings WITHIN A 30-DAY PERIOD Any positive tests, along with other considerations, can trigger escalation to the next treatment level</p>
TREATMENT LEVEL MODIFICATION PROCEDURES	<p><u>IF probationer fails (3) Tx test OR (3) sessions/meetings OR combination within a 30-day period</u></p> <p>PROVIDER:</p> <ul style="list-style-type: none"> - Contacts DPO w/in 48 hours of latest incident - Conducts mandatory individual session w/probationer w/in 72 hrs. of incident to develop Level II Tx plan - Notify DPO and Court of immediate up – phasing to Level II
PROBATION ROLE	<ul style="list-style-type: none"> - Work with Provider in monitoring drug testing and Tx compliance - Respond to non-compliance and dirty Tx test reports - Administer minimum quarterly/random PB drug test, increase frequency as necessary - Document and report to court all violations, and/or non-compliance, and/or changes in treatment level
COURT ROLE	<ul style="list-style-type: none"> - Document non-compliance - Monitor hearings as needed or requested by DPO - Review participant contests of movement to higher phase - Review/approve probation recommendation to retain in Level I treatment in lieu of automatic movement to Level II - Retain jurisdiction for 18 months - Review/approve probation recommendation for early termination/expungement - Conduct hearing if positive drug tests or treatment failures occur w/in (2) weeks of program completion
PROVIDER ROLE	<ul style="list-style-type: none"> - Provide Tx & admin. Tx tests - Monitor compliance and submit all mandatory reports to Probation/Court - Collaborate w/DPO re. Tx & Supervisory needs

**SUMMARY OF TREATMENT, SUPERVISION, and CONTINUING CARE
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Revised JULY 2, 2002

LEVEL II

ADMISSION CRITERIA	<p>Probation Risk Level: 15-29 * No prior violent felony convictions</p> <p>Clinical ASI: Mid Range</p>
MINIMUM PROGRAM REQUIREMENTS	<p>Participation in Treatment: At least 224 days (32 weeks) <u>Actual length of time depends upon completion of Treatment Plan goals and objectives.</u> Active participation in continuing care (aftercare) for 6 mo.</p> <p>Tx Drug Test: (32 @ 1/week = 32) Random, observed All positive Drug Tests must be reported to the Court upon receipt of results</p> <p>Treatment: <u>Intensive Outpatient:</u> 32 weeks @ 6 hours/week = 192 hours (Min. 3 sessions per wk.) <u>Intensive Day Care:</u> 24 weeks @ 3 hrs/3 days per wk. = 216 hrs. Combination of individual, group, education sessions</p> <p>NA/AA meetings: 128 meetings (32 wks @ 4/wk)</p> <p>Probation Supervision 36 months (Optional Early termination of Probation at court's discretion)</p>
VIOLATION CRITERIA	<p>(1) positive Probation drug test, OR (3) or more positive Tx drug test, OR (3) or more missed Tx sessions or (3) missed NA/AA meetings OR Combination of (3) positive test or missed sessions/meetings WITHIN A 30-DAY PERIOD Any arrests, absconding, or willful violations of program requirements</p>
	<p>PROVIDER:</p> <ul style="list-style-type: none"> - Submits violation/non-compliance report w/DPO w/in 48 hours of latest incident <p>DPO:</p> <ul style="list-style-type: none"> - Files court report and request for violation hearing w/in 72 hrs. <p>COURT</p> <ul style="list-style-type: none"> - Review/rule on Probation violation recommendation
PROBATION ROLE	<ul style="list-style-type: none"> - Work with Provider in monitoring drug testing and Tx compliance - Respond to non-compliance and dirty Tx test repts - Random drug test during program - Administer minimum quarterly/random PB drug test, increase frequency as necessary - Document and report to court all violations and/or non-compliance
COURT ROLE	<ul style="list-style-type: none"> - Document non-compliance - Conduct status hearings as needed or requested by DPO - Review/approve probation recommendation for violation or determine Tx program modifications - Retain jurisdiction for 24 months - Review/approve probation recommendation for early termination/expungement - Conduct hearing if positive drug test or treatment failures occur w/in (2) weeks or program completion
PROVIDER ROLE	<ul style="list-style-type: none"> - Provide Tx & administer Tx test - Monitor compliance and submit all mandatory reports to Probation/Court - Collaborate w/DPO re. Tx & Supervisory needs

**SUMMARY OF TREATMENT, SUPERVISION, and CONTINUING CARE
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LEVEL III

ADMISSION CRITERIA	<p>Probation Risk Level: 30 +</p> <p>Clinical ASI: High Range</p>
MINIMUM PROGRAM REQUIREMENTS	<p>Participation in Treatment: At least 280 days (40 weeks) <u>Actual length of time depends upon completion of Treatment Plan goals and objectives.</u> Active participation in continuing care (aftercare) for 6 mo.</p> <p>Tx Drug Test: (8 weeks @ 2/weeks = 16) & (32 weeks @ 1/week = 32) Total tests 48 Random, Observed All positive Drug Tests must be reported to the Court upon receipt of results</p> <p>Treatment: <u>Intensive Outpatient:</u> 40 weeks @ 9 hours/week = 360 (min 5 sessions per wk) <u>Intensive Day Care:</u> 24 week @ 3 hrs/3 days per week = 216 hrs. <u>Residential:</u> no less than 30 or more than 180 days Combination of individual, group, education sessions</p> <p>NA/AA meetings: <u>Outpatient:</u> 200 meetings (40 wks @ 5/wks) <u>Day Care:</u> 120 meetings (24 weeks @ 5/wks) <u>Residential:</u> 104 meetings (26 weeks @ 4 wks)</p> <p>Probation Supervision: 36 months (Optional Early termination at court's discretion)</p>
VIOLATION CRITERIA	<p>(1) Positive Probation drug test, OR (3) or more positive Tx drug test, OR (3) or more missed Tx sessions OR (3) missed sessions/meetings OR Combination of (3) positive test or missed sessions/meetings WITHIN A 30-DAY PERIOD Any arrest, absconding, or willful violations of program requirements</p>
VIOLATION PROCEDURES	<p>PROVIDER:</p> <ul style="list-style-type: none"> - Submits violation/non-compliance report with DPO w/in 48 hours of latest incident <p>DPO:</p> <ul style="list-style-type: none"> - Files court report and request for violation hearing w/in 72 hrs. <p>COURT:</p> <ul style="list-style-type: none"> - Review/rule on Probation violation recommendation
PROBATION ROLE	<ul style="list-style-type: none"> - Work with Provider in monitoring drug testing and Tx compliance - Respond to non-compliance and dirty Tx test reports - Random drug test during program - Administer minimum quarterly/random PB drug tests, increase frequency as necessary - Document and report to court all violations and/or non-compliance
COURT ROLE	<ul style="list-style-type: none"> - Document non-compliance - Conduct status hearing as needed or requested by DPO - Review/approve probation recommendation for violation or determine Tx program modifications - Retain jurisdiction for 24 months - Review /approve probation recommendation for early termination/expungement - Conduct hearing if positive drug test or treatment failures occur within (2) weeks of program completion
PROVIDER ROLE	<ul style="list-style-type: none"> - Provide Tx & administer Tx test - Monitor compliance and submit all mandatory reports to Probation/courts - Collaborate w/DPO re. Tx & Supervisory needs

*SUMMARY OF TREATMENT, SUPERVISION, and CONTINUING CARE
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Revised JULY 2, 2002

CONTINUING CARE

July 2002

Continuing care or aftercare, is the last stage of treatment, when the client no longer requires the intensive services offered during primary treatment. Continuing care can occur in a variety of settings, such as periodic outpatient meetings, relapse/recovery groups, self-help groups and halfway houses. Services may include relapse prevention, alumni activities and mentorship programs. Continuing care services shall be supervised follow-up.

In concurrence with the recommendation of the treatment provider, the Court may order participation in continuing care upon the successful completion of primary treatment services. Movement of the client into the continuing care stage shall only be made with the approval of the Court.

Continuing care services for Proposition 36 clients should include the following:

- ?? Documented continuation of ancillary services in a continuing care plan that includes monthly progress reports to the Court (copy to Probation) for six months;
- ?? Mandatory attendance at no less than three (3) 12-step/self-help meetings or support groups per week;
- ?? Voluntary attendance at treatment provider alumni group meetings; and
- ?? One face-to-face group contact per month with treatment provider to verify client participation.

If a Proposition 36 participant is in danger of relapse, the treatment provider shall make a recommendation to the Court to allow the participant to return to primary treatment services.

Upon successful completion of primary treatment and continuing care, the Court in concurrence with the treatment provider's recommendation, may order the treatment phase of Proposition 36 completed.